FEB 0 8 2008

Approved for use through 02/29/2006. OMB 2551-0031

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U.S. Pasent and Tradiment Office, U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2008		•	
(Fees pursuant to the Concellished Appropriations Act, 2005 (ILFL 4918).)		11 11 11	
Application Number 09/556, 439		Filed 4/34/2000	
FOR A VIRTUAL VOICE COMPANY OFFICE NETWORK TOOL KIT, METHOD, AND COMPUSED PROGRAM PRODUCT			
Art Unit 2/24		Examiner Paul	H. Fang
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	s.60
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
Three months (37 CFR 1.17(a)(3))	\$1050	\$625	\$
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	s
Five months (37 CFR 1.17(a)(5))	\$2230	02/08/\$7775PCHONP	00\$1 <u>0054 09556479</u>
Applicant claims small entity status. See 37 CFR	1 <i>.</i> 27.	01 FC:2251	60.00
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to			
Deposit Account Number I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form.			
Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number			
attorney or agent under 37 CFR 1.34. Redistration number if scaling under 27 CFR 1.34			
She We well Comiss 2/8/2008_			
Signature Date			
John Kenneth Amick 954 975 3784			5 3784
Typed or printed name Telephone Number			one Number
NOTE: Signatures of all the inventors or assignses of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one			
algraphry is required, see below.			j
Total of forms are submitted.			

This collection of information is required by 37 CFR 1.198(a). The information is required to obtain or retain a bonetit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including generating, and submitting the completed expectation form to the USPTO. Time will very depanding upon the individual ones. Any comments on the amount of time you require to complete the form and/or required this toylent, should be sant to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1458, Alexandria, VA 22313-1459.

If you need assistance in compilating the faces, cell 1-500-PTO-0190 and maked option 2.